



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Clifton A. Alferness and David M. Kaye

Serial No.: 09/751,271

Filing Date: December 28, 2000

Title: MITRAL VALVE CONSTRICTING DEVICE, SYSTEM
AND METHOD

Examiner/Unit: Kathryn P. Odland / 3732

Attorney Docket No.: 1931-1

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JAN 23 2004
TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12th day of January, 2004.


Signature

SUBMISSION OF FORMAL DRAWINGS

ASSISTANT COMMISSIONER FOR PATENTS:

In response to the Office Action dated October 10, 2003, Applicants submit formal drawings, including Figures 1-10, for approval and entry.

Please contact Applicants' attorney at the phone number shown below should there be any questions concerning the enclosed drawings.

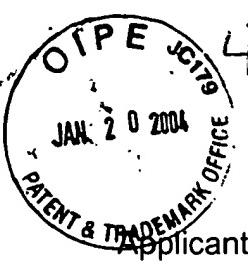
Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



Richard O. Gray, Jr.
Attorney for Applicant
Registration No. 26,550
155 - 108th Avenue NE, Ste. 350
Bellevue, WA 98004-5973
(425) 455-5575

Enclosure: Formal drawings (Figures 1-10)



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TRANSMITTAL LETTER

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TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

An Amendment and Response in the above-identified application.

XX No additional claim fee is required. The fee has been calculated as shown below:

Computation of Fee
For Claims as Amended

<u>Claims Remaining After Amendment</u>	<u>Highest Number Previously Paid for</u>	<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims 50	Minus 50	= 0	x \$18/\$9	= \$-0-

Independent Claims 9	Minus 9	= 0	x \$86/\$43	= \$-0-
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Total additional fee for
this amendment \$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

Check No. _____ in the amount of \$_____ for the additional claim fee is enclosed.

XX A Submission of Formal Drawings with FIGS. 1-10.

Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP



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